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CONFIRMATION NO. 7578

SERIAL NUMBER 09/430,642	FILING DATE 10/29/1999 RULE	CLASS 333	GROUP ART UNIT 2817	ATTORNEY DOCKET NO. SAR-12428
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APPLICANTS

BERNARD DOV GELLER, PRINCETON, NJ;

MICHAEL JAMES LIBERATORE, LAWRENCEVILLE, NJ;
 ATTIGANAL NARAYANSWAMY SREERAM, EDISON, NJ; BARRY JAY THALER, LAWRENCEVILLE, NJ;
 ALY EID FATHY, LANGHORNE, PA;

** CONTINUING DATA *****

This appln claims benefit of 60/106,313 10/30/1998

** FOREIGN APPLICATIONS *****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

DOCKET ADMINISTRATOR
 LOWENSTEIN SANDLER, PC
 65 LIVINGSTON AVENUE
 ROSELAND, NJ
 07068-1791

TITLE

HIGH PERFORMANCE EMBEDDED RF FILTERS

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other

SERIAL NUMBER 09/430,642	FILING DATE 10/29/99	CLASS 375	GROUP ART UNIT 2734 2817	ATTORNEY DOCKET NO. SAR-12428
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APPLICANT

BERNARD DOV GELLER, PRINCETON, NJ; MICHAEL JAMES LIBERATORE,
LAWRENCEVILLE, NJ; ATTIGANAL NARAYANSWAMY SREERAM, EDISON, NJ; BARRY JAY
THALER, LAWRENCEVILLE, NJ; ALY EID FATHY, LANGHORNE, PA.

****CONTINUING DOMESTIC DATA*******
VERIFIED PROVISIONAL APPLICATION NO. 60/106,313 10/30/98
SS

****371 (NAT'L STAGE) DATA*******
VERIFIED
SS None

****FOREIGN APPLICATIONS*******
VERIFIED
SS None

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
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ADDRESS

~~WILLIAM J BURKE~~ *Birgit E. Morris*
~~SARNOFF CORPORATION~~ *16 Indian Head Road*
~~c/o PATENT OPERATIONS~~ *Morristown, NJ*
~~CN 5300~~
~~PRINCETON NJ 08543-5300~~

TITLE

HIGH PERFORMANCE EMBEDDED RF FILTERS

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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